



EOC Logistics Training

*Logistics Mission Overview
Training*



Agenda

- Logistics Task Book Overview and Recommendations for Edits
 - Folder locations & Contents
 - Other task related tools
- Resource Type and Kind Overview
- EMAC Operating System Overview
- EMAC-REQ-A Overview
- EMAC Intergovernmental Agreement Overview
- Action Request Form (ARF) for Federal Assistance
- Sit Rep Input



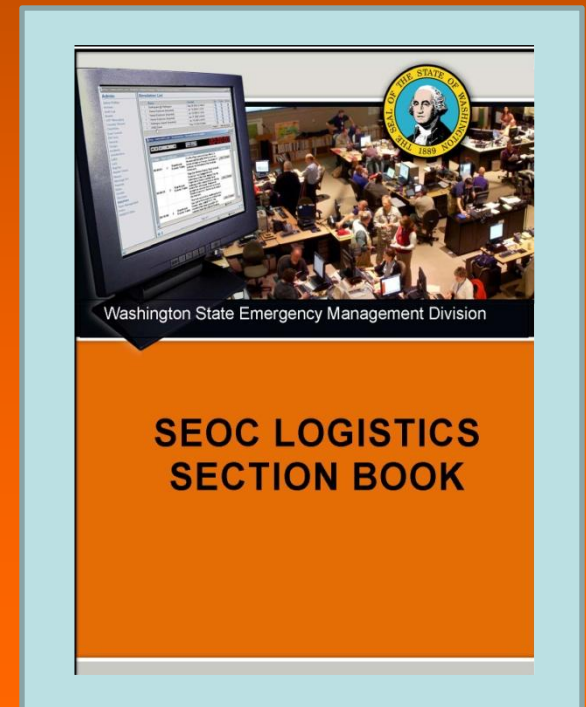


SEOC Logistics Section Book

Located on SharePoint

- <http://wamil:10101/EM/EOC/EOC%20Position%20Books/Forms/AllItems.aspx> (copy emailed upon request)
- Suggested changes/updates

1. _
2. _
3. _
4. _
5. _
6. _
7. _
8. _





Resource Type and Kind

- **Resource typing** is categorizing, by capability, the resources used in incidents
- **Resource kinds** may be divided into subcategories to define the capabilities needed to meet specific requirements



Photo courtesy of KIMA news Yakima, WA



Tier I and Tier II Resources

- Tier I represents resources that are included in the national resource typing definitions.
- Tier II includes all typed resources defined by the States, tribal and local jurisdictions, NGOs, and others that are not predefined in the Tier I definitions.

Urban Search and Rescue
Tier I Resource



Local Red Cross Chapter
Tier II Resource





Resource Typing Steps

Resource



Category (Discipline-Function)
Fire/Law Enforcement/Health/Etc.






Type (Minimum Capabilities)
Type I implies higher capability than Type II



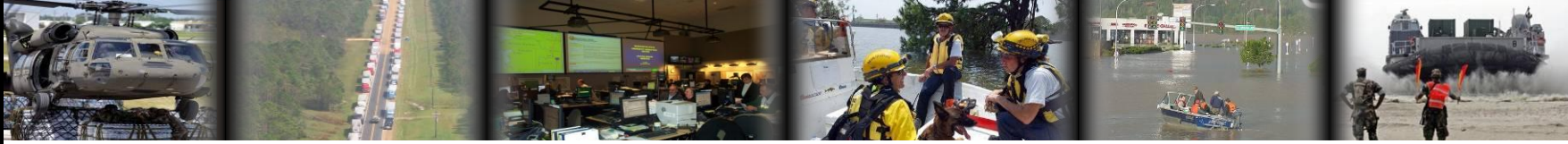
Kind (Capability/Capacity)
Personnel/Equipment/Supplies



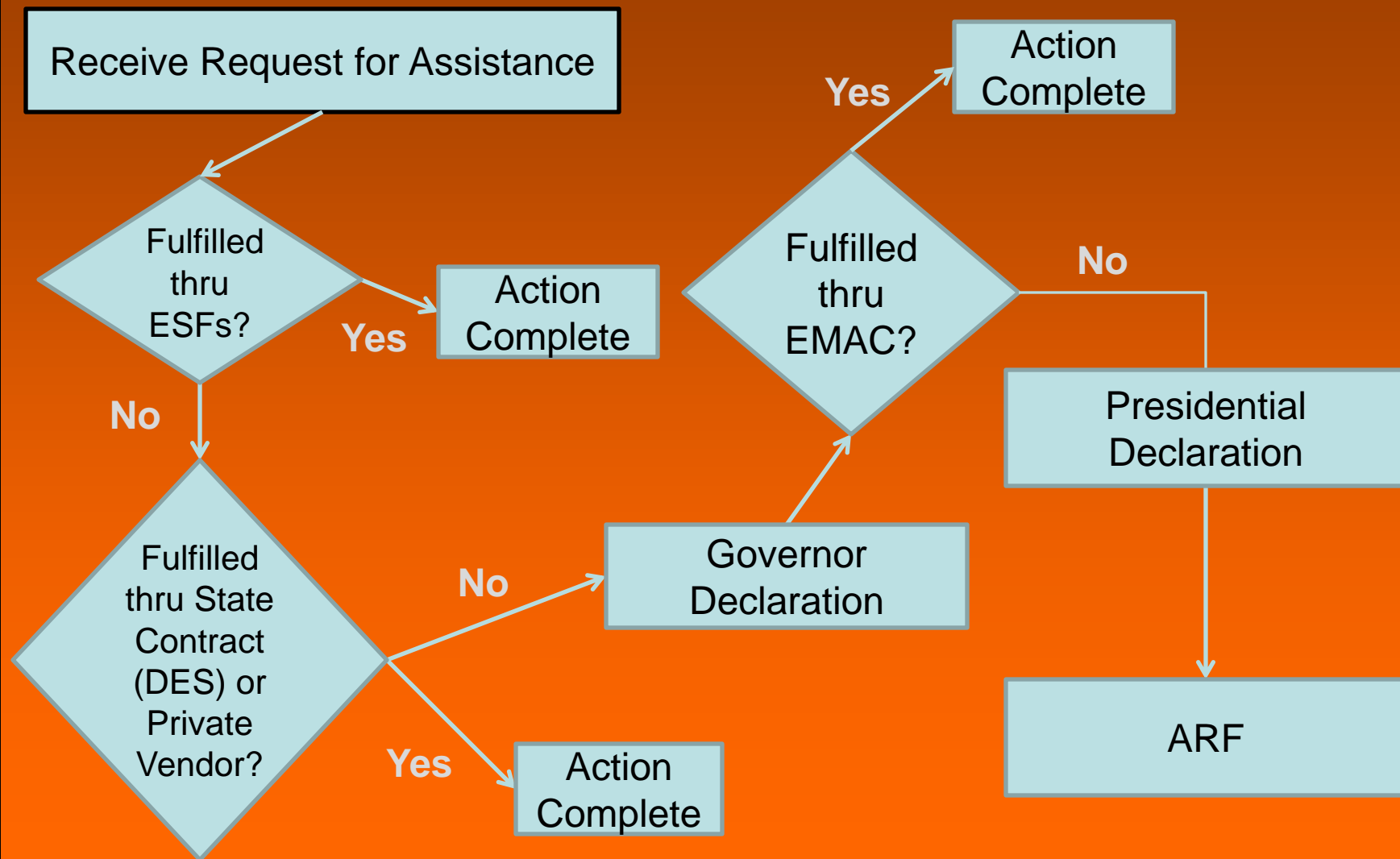
Resource Typing Example

Resource: Aerial Lift – Telescopic Boom						
CATEGORY: Public Works and Engineering (ESF #3)			KIND: Equipment			
MINIMUM CAPABILITIES:		TYPE I	TYPE II	TYPE III	TYPE IV	OTHER
COMPONENT	METRIC					
Platform Height	Ft	120' +	81'-119'	60'-80'	25'-59'	
Equipment	Example					
COMMENTS:	Please note whether the boom is self-propelled or trailer mounted.					

- In the case of this example, the Types refer to the platform heights of the telescopic booms
- The lower the type number, the taller the platform height



Resource Request Flow





EMAC

Emergency Management Assistance Compact

- Used only after a Governor's Proclamation
- Allows states to send personnel, equipment, and commodities to help disaster relief when impacted state resources have been exhausted





EMAC Operating System (EOS)

- The EOS is used to broadcast resource requests in response to events opened by Requesting States
- Allows potential Assisting States to view and respond to requests for assistance as their available resources allow

Ramos, Kristin (MIL)

Sent: Friday, July 26, 2013 2:17 PM
To: Ramos, Kristin (MIL)
Subject: Public Information Officer Tracking # 460-RRBCAST-1921-999

Resource Request #460-RR-1921

Contact Name:	Christine Stroda		
Contact Email:	christine.stroda@alaska.gov		
Contact Phone:	907.830.4117		
Update:	We are still in need of one PIO for the month of August if anyone is interested. Thank you.		
Broadcasted To:	All		
Total Recipients:	372		

Event Name:	2013 Spring Flood		
State Mission TN #:	AK-DHSM-13-F-004/RN-316	EM Software TN #:	RN-316-5
Requesting Agency:	DHSEM	EMAC TN #:	460-RR-1921
Requesting State REQ-A Contact:			
First Name:	Christine	Last Name:	Stroda
Phone 1:	907-428-7061	Phone 2:	907-830-4117
Email 1:	christine.stroda@alaska.gov	Email 2:	riverwatch@ak-prepared.com

Mission Type/Source:	State	Type / Status:	Incident & Emergency Management
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Mission Description:	Public Information Officer		
Resource Description:	<p>PIO should have experience responding to all-hazards or flooding events, and performing field PIO duties, including interface with the public, media, VIPs. PIO should have experience representing a state's interest in a Joint Information Center at a FEMA/State Joint Field Office, dealing with public information issues surrounding individual Assistance and Public Assistance issues. PIO will be assigned on a rotational basis at Galena, and will be lodged and fed at the Galena Shelter/Feeding facilities. Conditions are sparse and normal commercial lodging and feeding is unavailable. Galena, Alaska is a rural, remote village not connected to a road system, along the Yukon River. While not performing duties in Galena, the PIOs will work in the Joint Information Center of the Joint Field Office. Regular lodging and transportation services are available in Anchorage near the JFO. PIO is authorized to obtain rental cars through their home agency. Travel from home state to Anchorage, AK is required by the assisting State. Travel inside of Alaska will be paid for and coordinated through the JFO. We would like the PIO by August 1, 2013. If possible we would like the PIO to bring his/her own equipment, to include laptops, cellular phones, Digital Still Cameras, and HD Video cameras. PIO with photography and videographer skills is preferred but not required. Length of service will be 31 Days. POC is Bryan Fisher, State Coordinating Officer at the JFO, or Jeremy Zidek, State PIO, at 907.428.7100</p>		
NIMS Type:	Type I or Type II PIO		
# Requested:	1	# Type:	Personnel
Deployment Dates (including travel days):			



EMAC Operating System (EOS)

- Only A-Team trained Designated Contacts (DCs) or Authorized Representatives (ARs) have “permissions” to view open events (incidents)
- Go to www.emacweb.org for forms and pre-recorded webinars





EMAC Operating System (EOS)

- Click on “Training & Education” then “View Pre-Recorded Webinars” for training links

Monday, August 12, 2013

EMAC™
Emergency Management Assistance Compact

Home | Learn about EMAC | Mutual Aid Resources | **Training & Education** | Calendar | EMAC Store | Contact Us

EMAC Training Opportunities
Educational Publications
EMAC's eLearning Center
View Pre-Recorded Webinars

Hurricane Sand
2,632 personnel deployed

NSA CSFO GOES Project

http://www.emacweb.org/index.php?option=com_hdfivplayer&view=player&layout=playerlayout&Itemid=285

Internet 100%




Request for Assistance (REQ-A)

- Two methods for completing the REQ-A
 1. Through the online EMAC Operating System (EOS)
 2. AR or DC downloads Excel REQ-A to be completed offline
 3. Uploads into the EOS in three separate Sections, mirroring the EOS process
- Section I – Resource Request
 - Completed and signed by Requesting State
- Section II – Offer
 - Resource Cost Estimate completed and signed by the Assisting State
- Section III – Mission Acceptance
 - Cost Estimate agreed upon by signature by the Requesting State



Request for Assistance (REQ-A)

- Section I – Completed by the Requesting State

					
SECTION I: TO BE COMPLETED BY THE REQUESTING STATE					
Select Exercise or Event: Exercise		New or Amended #: Select New or Amendment #			
Event Name:					
Date:		Requesting State:			
State Mission TN #:		EM Software TN #:			
Requesting Agency:		EMAC TN #:			
Requesting State REQ-A Contact:					
First Name:		Last Name:			
Phone 1:		Phone 2:			
E-mail 1:		E-mail 2:			
Mission Type:	Select Type:	If State:	Select Discipline:	If NG:	Select Status:
Mission Description:					
Resource Requested:					
Deployment Dates (including travel days):					
Mobilization:		Demobilization:			
Date Needed:		Date Released:			
Deployment Details:					
Work Location/Facilities:		Select One:			
Location/Facility Name:					
Address 1:					
Address 2:					
City:		Zip Code:			

Page 1

Deployment Details (continued):					
Working Conditions				Select One:	
Working Conditions Comments:					
Living Conditions				Select One:	
Living Conditions Comments:					
Identify Health & Safety Concerns (select all that apply):					
<input type="checkbox"/> No Safety or Health Concerns have been identified					
<input type="checkbox"/> Immunizations or Vaccinations are suggested to deploy on this mission					
<input type="checkbox"/> Environmental Hazards Exist for this mission (identified below)					
<input type="checkbox"/> Personal Protection Equipment Needed					
Safety Concerns/Remarks:					
Requesting State Resource Coordination Contact:					
First Name:		Last Name:			
Title:		Agency:			
Phone 1:		Mobile:			
E-mail 1:		E-mail 2:			
Staging Area and Point of Contact:					
POC First Name:		Last Name:			
Phone 1:		Phone 2:			
Location/Facility Name:					
Address 1:					
Address 2:					
City:					
Zip Code:					
The EMAC Authorized Signature below certifies that information contained herein accurately represents, to the best of their knowledge, the resource request at the time.					
Name of EMAC Authorized Representative:					
Signature of EMAC Authorized Representative with Date:		Date:			

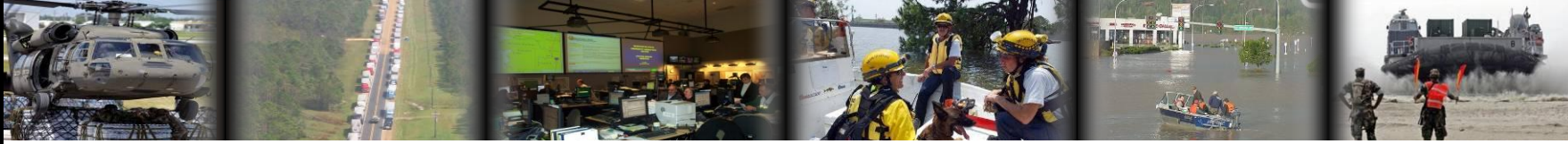
Page 2



Request for Assistance (REQ-A)

SECTION II: TO BE COMPLETED BY THE ASSISTING STATE/PROVINCE					
Select Exercise or Event :	0	Requesting State:	0		
Event Name:	0				
Requesting State Mission TN	0	Req. State EM Software TN #:	0		
Requesting Agency:	0	Date Resources Available:			
The PNEMA Authorized Signature below certifies that information contained herein is a mission estimate to be accepted or declined by the PNEMA Requesting State.					
Name of PNEMA Authorized Representative (AR):					
Signature of PNEMA AR:				Date:	
New or Amended #:		Time Section II Completed:			
Assisting State/Province:		Assisting State/Province TN #:			
Assisting Agency:		Asst. State EM Software TN #:			
Assisting State/Province REQ-A Contact:					
	First Name:		Last Name:		
	Phone 1:		Phone 2:		
	E-mail:		Fax:		
Mission Type:		If State:	Select Discipline:	If NG:	Select Status:
Mission Assignment:					
Resource Available:					
In-State/Province Resource Point of Contact:					
	First Name:		Last Name:		
	Phone 1:		Phone 2:		
	E-mail 1:		E-mail 2:		
Deployment Dates (including travel days - one day prior to and one day after dates needed for mission):					
Mobilization:			Demobilization:		
	1st Work Day		Last Work Day:		
MISSION COST ESTIMATE (Details entered on subsequent tabs):					
Total Equipment, Commodity, Other, and Personnel Quantity & Costs					
Enter all equipment, commodity, other, and personnel details on tab labeled as such (Travel, Equipment, Commodities, Other, Personnel) on this worksheet. Totals for each category will automatically be updated below as data is entered on subsequent sheets.					
Total Travel Costs:	\$	-	Total Equipment Costs:	\$	-
Total Commodity Costs:	\$	-	Total Other Costs:	\$	-
Total Personnel on Mission:		0	Total Personnel Costs:	\$	-
Total Cost Estimate from REQ-A (This number is calculated from the data entered into the REQ-A Excel worksheets):				\$	-
Note: If you received a Mission Ready Package from the Resource Provider, enter the total under "Total Cost Estimate" below and attach complete Mission Ready Package to provide detailed costs.					
Total Cost Estimate from Mission Ready Package (please enter total and attach Mission Ready Package)				\$	

- Section II, completed by the Assisting State, rolls up cost estimate data from the following tabs in the REQ-A Workbook:
 - Travel
 - Equipment
 - Commodities
 - Other
 - Personnel



Request for Assistance (REQ-A)

- Section III, completed by the Requesting State, acknowledges acceptance of the cost estimate for the mission and makes the mission a legally binding agreement for reimbursement purposes.

			
SECTION III: TO BE COMPLETED BY THE REQUESTING STATE			
Select Exercise or Event:	Select One:	New or Amended #:	Select New or Amendment #
Requesting State:		Requesting Agency:	
Event Name:			
Requesting State Mission TN #:		Req. State EM Software TN #:	
Assisting State:		Assisting State TN #:	
<p>The EMAC Authorized Signature below certifies that they have reviewed Section II submitted by the Assisting State and agree to the estimated mission costs and requirements. The mission is accepted.</p>			
Name of EMAC Authorized Representative:			
Signature of EMAC Authorized Representative with Date:			
Date:		Time:	

Page 1



Authorization to Deploy

- Once Section III is signed, an Authorization to Deploy is provided to the Assisting State and Resources can deploy to the Requesting State.

- Via EOS
- Manual/File

Emergency Management Assistance Compact (EMAC) EMAC Mission Order Authorization Form									
<p>Personnel deploying on this mission are under the authority of the Emergency Management Assistance Compact Law passed in all 50 states, the District of Columbia, U.S. Virgin Islands, Puerto Rico, and Guam.</p> <p>The Resource Provider, responsible for identifying personnel who will be deployed on this mission, has identified individuals who have the skills, knowledge, and abilities to conduct the mission herein.</p>									
Mission Details:									
Requesting State:	Assisting State:								
Event Name:	Requesting State #:								
Deployment Date:	Assisting State #:								
Demobilization Date:	EMAC #:								
Mission Type:	Discipline/Duty Status:								
Mission Description:									
Resource Description:									
<p>Deployment Conditions and Safety Considerations: As a reminder, you may be deploying into a location with inhospitable conditions.</p>									
Working Conditions:									
Working Conditions Comments:									
Living Conditions:									
Living Conditions Comments:									
<p>The following health and safety concerns apply for this deployment (check the appropriate statement):</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>No safety or health concerns have been identified</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Immunizations or vaccinations are suggested to deploy on this mission</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Environmental hazards exist for this mission (identified below)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Personal protection equipment is needed</td> </tr> </table>		<input type="checkbox"/>	No safety or health concerns have been identified	<input type="checkbox"/>	Immunizations or vaccinations are suggested to deploy on this mission	<input type="checkbox"/>	Environmental hazards exist for this mission (identified below)	<input type="checkbox"/>	Personal protection equipment is needed
<input type="checkbox"/>	No safety or health concerns have been identified								
<input type="checkbox"/>	Immunizations or vaccinations are suggested to deploy on this mission								
<input type="checkbox"/>	Environmental hazards exist for this mission (identified below)								
<input type="checkbox"/>	Personal protection equipment is needed								
Safety Concerns/Remarks:									
<p>You should report to the location specified below upon arrival in the Requesting State. (If this section is blank, forward-deploy to the deployment location listed below. Do not forward-deploy to the deployment location if a Staging Area is listed below. Otherwise, you may miss valuable information on changes to your mission, loss of identification, etc.)</p>									
Staging Location/Facility:									
Address 1:									
Address 2:	City:								
State:	Zip Code:								
Point of Contact:									
Phone 1:	Phone 2:								

STATE OF WASHINGTON MILITARY DEPARTMENT EMERGENCY MANAGEMENT DIVISION M&S TA-20 Building 20 Camp Murray, Washington 98430-5122 Phone (253) 512-7000 • FAX (253) 512-7200	
AUTHORIZATION TO PROCEED	
[Date]	
[Jurisdiction]	
<p>Subject: [EMAC or PNEMA] Mission Number [enter state mission number], WMD Contract Number [enter contract number], ATTACHMENT [enter attachment number]</p>	
<p>Dear [Signatory's Title and Name]:</p> <p>Enclosed you will find a copy of the executed EMAC/PNEMA Deployment Attachment Number [enter attachment number] to the Military Department Contract Number [enter contract number]. Pursuant to this document, you are authorized to deploy the identified resources for the [EMAC or PNEMA] mission number identified in the Attachment no earlier than [Date] at [Time].</p> <p>Your [Task Force, Strike Team or Single Resource] is assigned to [Receiving State] as [Name of Task Force, Strike Team or Single Resource]. Upon arrival to [destination name & address], your [Task Force, Strike Team or Single Resource] must check in with [Name & contact information of receiving state point of contact]. Your [Task Force, Strike Team or Single Resource] must check in with the State Alert and Warning Center at 1-800-258-5990 upon leaving home station, arriving at the deployment site, upon leaving the deployment site at the completion of assignment, and upon arriving back at the home station. Additionally, the [Task Force, Strike Team or Single Resource] must check in with the State Alert and Warning Center every day by 10am PST for accountability.</p> <p>Please remember to complete all Washington State required documentation in addition to any documentation requested by [Receiving State] including, but not limited to, Crew Time Reports or other authorized timesheet, Equipment Shift Tickets, and maintain all itemized receipts for expenses incurred.</p> <p>If you have any further questions, please do not hesitate to contact the Washington State EMAC coordinator at 1-800-258-5990.</p> <p>Sincerely,</p> <p>[NAME] State EOC Supervisor</p> <p>Enclosure</p> <p>CC: [County/City Emergency Manager] [Association/Regional Coordinator] File</p>	



Intergovernmental Agreement (IGA)

- IGAs are contracts between local jurisdictions and the Washington Military Department
- Only resources within jurisdictions that have executed IGAs with the State are eligible for deployment under EMAC
- The IGA template is located at:
<N:\Logistics\Legal Documents\IGAs\IGA Templates>
- Follow procedures as indicated in the Logistics Section Task book



Intergovernmental Agreement (IGA)

- IGAs make local jurisdiction resources eligible for deployment to other states under EMAC
- Jurisdiction employees will be treated as state employees for purposes of EMAC deployment only
- Personnel are entitled to the benefits (insurance / certification / liability) as available to state employees

Military Department IGA #EXX-XXX

**INTERGOVERNMENTAL AGREEMENT
FOR EMAC AND PNEMA ASSISTANCE BETWEEN**

<p>Washington Military Department Bldg #20, M.S.TA-20 Camp Murray, Washington 98430-5122</p> <p>253.512.7097 FAX: 253.512.7203</p> <p>Contact Person: Craig Ginn Email: craig.ginn@mil.wa.gov</p> <p>Contact Person: Kristin Ramos Email: kristin.ramos@mil.wa.gov Phone: 253.512.7058</p> <p>Contact Person: Mark Douglas Email: Mark.Douglas@mil.wa.gov Phone: 253.512.7055</p>	<p style="text-align: center;">JURISDICTION NAME</p> <p>ADDRESS 1 ADDRESS 2</p> <p>PHONE: xxx.xxx.xxxx FAX: xxx.xxx.xxxx</p> <p>Contact Person: xxx Email: xxx</p> <p>Contact Person: xxx Email: xxx Contact Person: xxx</p> <p>Email: xxx</p> <p>TIN: xxx UBI: xxx</p>
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Start Date: Upon Signature End Date: May 31, 2018

1. INTRODUCTION:

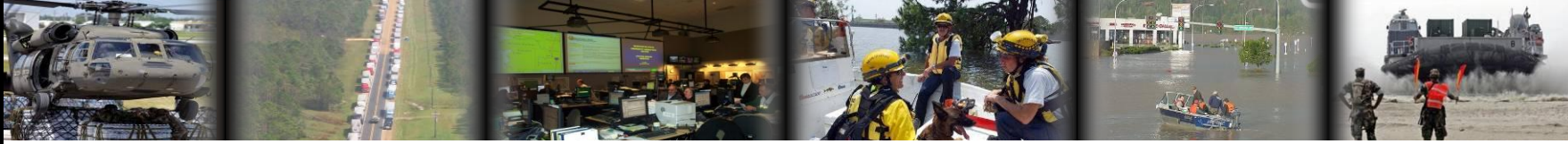
This Intergovernmental Agreement (Agreement), pursuant to Ch. 38.10 RCW (Emergency Management Assistance Compact (EMAC)), ch. 39.34 RCW (Interlocal Cooperation Act), ch. 38.52 RCW (Emergency Management Act), and the Pacific Northwest Emergency Management Arrangement (PNEMA), is made and entered into by and between the Washington State Military Department through its Emergency Management Division (EMD), and the local jurisdiction within the State of Washington identified above, hereinafter referred to as "Jurisdiction". EMD, through these authorities, coordinates interstate mutual aid according to the model presented in the National Strategy for Homeland Security. EMAC, Chapter 38.10 RCW, and Public Law 104-321, authorize and direct the deployment of certain necessary mutual aid between the EMAC participants, who are currently all fifty states, Puerto Rico, Guam, the U.S. Virgin Islands, and the District of Columbia. PNEMA and Public Law 105-381 authorize and direct the deployment of certain necessary mutual aid between the PNEMA participants, who are currently the States of Alaska, Idaho, Oregon, and Washington, the Canadian Province of British Columbia, and the Yukon Territory. This Agreement provides for the use of authorized resources (including employees and equipment) of the Jurisdiction in responding to requests for EMAC or PNEMA assistance from a participating party in which EMD has identified authorized resources of the Jurisdiction that are qualified and immediately available to deploy and perform the requested EMAC or PNEMA assistance in a requesting participating party.

2. SCOPE:

Pursuant to this Agreement, the authorized resources of the Jurisdiction will be deployed to provide EMAC or PNEMA assistance. When the deployed authorized resources of the Jurisdiction are employees of the Jurisdiction, those Jurisdiction employees will be treated as state employees for purposes of EMAC or PNEMA deployment only and will be entitled to the rights and benefits under EMAC or PNEMA available to state officers and employees, but not for any other purpose. The Jurisdiction will be reimbursed for authorized costs incurred as a result of authorized resource deployment as provided in this Agreement.

3. Authorization and Deployment of Resources

EMAC & PNEMA IGA
Page 1 of 4
Jurisdiction Name
EXX-XXX



Amended IGA

- Executed IGAs are amended with the cost estimates as provided in Section II of the REQ-A, assuring the assisting jurisdiction that authorized and allowable resource expenses will be reimbursed after the end of the deployment.

Amendment X

INTERGOVERNMENTAL AGREEMENT AMENDMENT NO. [redacted]
For [EMAC/PNEMA] Deployment of Authorized Resources and Cost Estimate
Mission Number [redacted], [State/Location], [Disaster Name]
[Jurisdiction Name], Tin# [insert], UBI# [insert]

CONTRACTOR NAME/ADDRESS: [Jurisdiction] [Address] [City], WA [Zip]-(+4)	CONTRACT NUMBER: [redacted]	AMENDMENT NUMBER: [redacted]
CONTRACTOR CONTACT PERSON, NAME/TITLE: [Name], [phone] [e-mail]	MD STAFF CONTACTS, NAME/TELEPHONE: Craig Ginn 253.512.7097 craig.ginn@mil.va.gov Kristin Ramos 253.512.7058 kristin.ramos@mil.va.gov Mark Douglas 253.512.7055 mark.douglas@mil.va.gov	
AMENDMENT TERMS AND CONDITIONS: 1. The estimate of the anticipated reimbursement is \$ [redacted]		

1. SUMMARY OF EXPECTED DEPLOYMENT PHYSICAL CONDITIONS, DUTIES TO BE PERFORMED DURING DEPLOYMENT, AND CORRESPONDING AUTHORIZED RESOURCES ANTICIPATED TO PERFORM THOSE DUTIES (Duties to be taken from EMAC REQ-A or PNEMA equivalent):
[redacted]

2. DEPLOYMENT PROGRAM INDEXES/CHARGE CODES:
[redacted]

3. DETAILED DESCRIPTION OF AUTHORIZED RESOURCES AND COST ESTIMATES, WITH ESTIMATED BUDGET SUMMARY and Total Maximum Resource Cost Authorized:

The following are the authorized resources (equipment and/or personnel) the Jurisdiction may deploy for Mission No. XXXX, [redacted] (name of event) in [redacted] (state/location of event), and corresponding total maximum resource cost amounts (based on estimates) that may be reimbursed under this Agreement. In completing this form, all estimates for fire resources (personnel and equipment of a Fire District or Fire Department) will be calculated based upon the State Fire Chiefs Rate Schedule in effect at that time, and the personnel benefit hourly rate used below for fire resources is to be 25% of the personnel regular salary hourly rate.



Action Request Form (ARF)

- This form is used to request federal resources in response to a Presidentially declared incident once state resources have been exhausted
- The form is located on the "N" drive:
[N:\EOC Logistics Section\Forms\Federal Assistance](#)

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY ACTION REQUEST FORM (ARF)			See Reverse for Paperwork Disclosure Notice	O.M.B. No. 1660-0047 Expires March 31, 2014
I. REQUESTING ASSISTANCE (To be completed by Requestor)				
1. Requestor's Name (Please print)		2. Title		3. Phone No.
4. Requestor's Organization		5. Fax No.	6. E-Mail Address	
II. REQUESTING ASSISTANCE (To be completed by Requestor)				
1. Description of Requested Assistance:				
2. Quantity	3. Priority	<input type="checkbox"/> Lifesaving <input type="checkbox"/> Life Sustaining <input type="checkbox"/> Normal <input type="checkbox"/> High		4. Date and Time Needed
5. Delivery Site Location			6. Site Point of Contact (POC)	
			7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature				10. Date and Time
III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)				
1. <input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> LOG Review by: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____		2. Source: <input type="checkbox"/> Donations <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Requisitions <input type="checkbox"/> Procurement <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Mission Assignment		3. Assigned to: _____ ESF/OFA: _____ Other: _____ Date/Time: _____
4. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
IV. STATEMENT OF WORK (Operations Section Only)				
1. OFA Action Officer		2. 24 Hour Phone No.		3. Fax No.
4. FEMA Project Manager		5. 24 Hour Phone No.		6. Fax No.
7. Statement of Work				<input type="checkbox"/> See Attached
8. Estimated Completion Date			9. Estimated Cost	
V. ACTION TAKEN (Operations Section Only)				
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Requestor Notified				
Reason / Disposition				
TRACKING INFORMATION (FEMA Use Only)				
ECAPS/NEMIS Task ID:	Action Request No.	Program Code/Event No.		<input type="checkbox"/> Originated as verbal
Received by (Name and Organization)	State	Date/Time Received		



Action Request Form (ARF)

https://fortress.wa.gov/tableid=1392&viewid=3293&uid=1.115553 - 04 WA-EOC Mission Tracker Dis - Windows Internet Explorer

Logistics Resource Requests

WA-EOC RFA and Mission Tracker

Filter By Assigned To: All

Filter By County: All

Create New Request

Print PDF

Filter By Status: All

Filter By Priority: All

Filter By Currently worked by: All

Search

Clear Search

Total Missions: 14

Total Unassigned Missions:

Total Missions Assigned: 1

Total Missions Accepted: 2

Total Missions In Transit: 2

Total Missions On Scene: 2

Total Missions Completed: 7

Edit	Originating Date/Time	Most Recent Updated Date/Time	County	City	Originating Agency	Originating Tracking Number	Subject	Priority	Status	Worked By	Assigned To	Destination	Assign	Update	ARF
Edit	07/16/2013 14:18:18	07/16/2013 14:39:34	Mason	Shelton	Mason County DEM	WA - 201371614390	Detour Route needed for Mud Slide road closure	High	Completed	State	ESF 1- Transportation	Hwy 101 and West Franklin and along detour route	Assign	Update	Create ARF
Edit	07/16/2013 14:26:38	07/16/2013 14:37:03	Mason	Shelton	Mason County DEM	WA - 20137161437	Detour Route needed for Mud Slide road closure	High	Completed	State	ESF 1- Transportation	HWY 101 and West Franklin and along detour route	Assign	Update	Create ARF
Edit	07/16/2013 14:20:13	07/16/2013 14:37:39	Mason	Shelton	Mason County DEM	WA - 201371614805	Detour Route needed for Mud Slide road closure	High	Completed	State	Logistics Section	HWY 101 and W. Franklin, and along detour route	Assign	Update	Create ARF
Edit	07/16/2013 14:18:21	07/16/2013 14:33:11	Mason	Shelton	Mason County DEM	WA - 201371614349	Detour Route needed for Mud Slide road closure	Medium	Completed	State	ESF 1- Transportation	Hwy 101 and West Franklin and along detour route	Assign	Update	Create ARF
Edit	07/16/2013 14:18:29		Mason	Hoodsport	Mason County DEM	WA - 201371614349	Detour Route needed for Mud Slide road closure	Medium	In Transit	State	ESF 1- Transportation	Hwy 101 and West Franklin and along detour route	Assign	Update	Create ARF
							Detour					Hwy 101			

Page 1 of 1

Disable Refresh

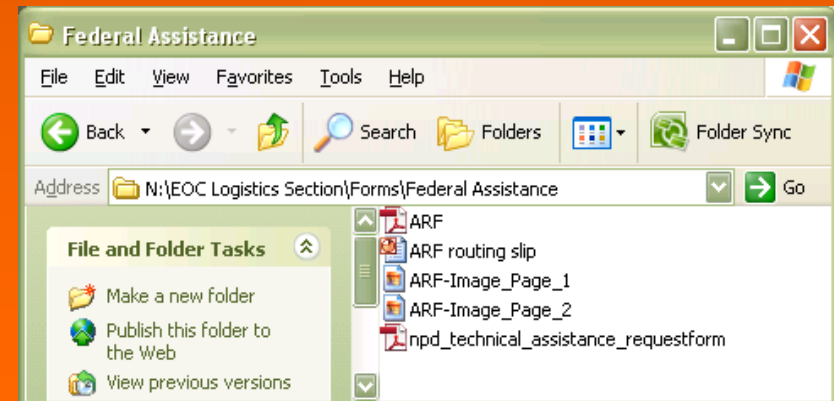
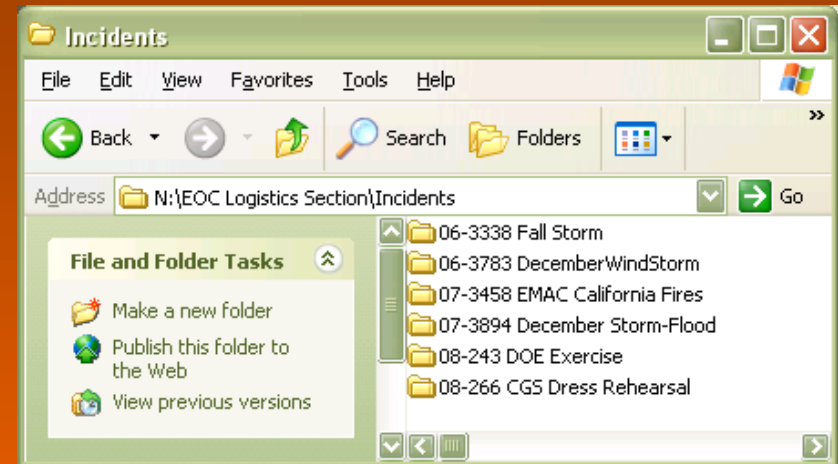
intermedix

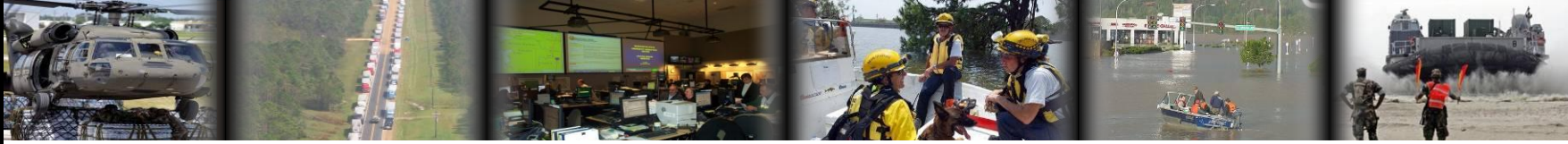
- Although there is a “Create ARF” button on WebEOC, there is currently no link to FEMA through WebEOC and this button will be removed until the firewall situation is rectified. The correct form to use is on the “N” drive.



Action Request Form (ARF)

- Create a folder for the incident in:
<N:\EOC Logistics Section\Incidents>
 - Label folder by incident number followed by name
- Retrieve ARF from:
<N:\EOC Logistics Section\Forms\Federal Assistance>
 - “Save As” name of resource request in the incident folder





Action Request Form (ARF)

- Complete the form, boxes 1-10, using as much detail as possible
- Record Request for Assistance tracking number in upper right corner of the ARF
- Route for approval and Disaster Manager signature using the routing form located at:

[N:\EOC Logistics
Section\Forms\Federal
Assistance](#)

Request for Federal Assistance
Routing Form
POC: ARF Unit Leader/LSC
Mission # _____
_____ Requestor
_____ LSC
_____ FSC
_____ EOC Sup
_____ DM (sign form)

Request for Federal Assistance
Routing Form
POC: ARF Unit Leader/LSC
Mission # _____
_____ Requestor
_____ LSC
_____ FSC
_____ EOC Sup
_____ DM (sign form)

Request for Federal Assistance
Routing Form
POC: ARF Unit Leader/LSC
Mission # _____
_____ Requestor
_____ LSC
_____ FSC
_____ EOC Sup
_____ DM (sign form)

Request for Federal Assistance
Routing Form
POC: ARF Unit Leader/LSC
Mission # _____
_____ Requestor
_____ LSC
_____ FSC
_____ EOC Sup
_____ DM (sign form)



Action Request Form (ARF)

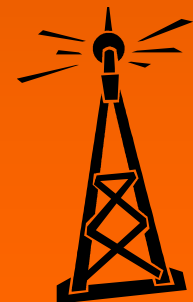
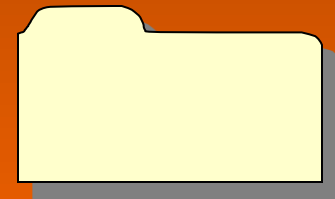
- After signature by Disaster Manager, scan the signed ARF and save in the incident files at: [N:\EOC Logistics Section\Incidents](#)
- Email the file (read receipt) to the designated FEMA Points of Contact as provided by the EOC Supervisor , with a copy to each of the logistics section workstations
- Save the sent email in an appropriately labeled Outlook folder under the labeled incident





Action Request Form (ARF)

- Hand carry the original hard copy to the on-site FEMA representative, if available
- Add the action to “update actions” on the mission in the Mission Tracker, and upload the document to the mission from the “N” drive
- Follow up with FEMA, as needed, documenting all actions in the Mission Tracker and keeping the requesting jurisdiction notified of status





SitRep Input Board Location

https://fortress.wa.gov/?top=30&left=19&width=612&height=700 - WebEOC 7.4 ...

WebEOC 7.4 **intermedix™**

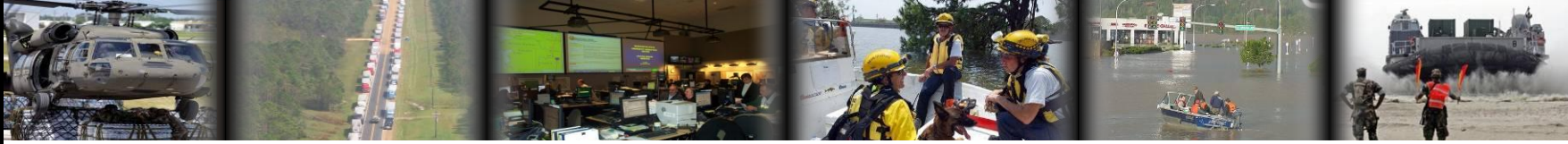
kcr245 as [WA-LOG-LSC](#) [Log Off](#)

[*13-1762 I-5 Bridge Collapse](#)

Boards

- Chat Board**
- National Shelter System Registration**
- WA-EOC Logistics Tabbed Dashboard
- Weblinks Board
- Boards WA-State** [*13-1762 I-5 Bridge Collapse](#)
- 01 WA-EOC Significant Events**
- 02 WA-EOC Situation Report
- 03 WA-EOC Action Plan**
- 04 WA-EOC RFA and Mission Tracker**
- 04 WA-EOC RFA
- 05 WA-EOC Staffing and Seating Charts**
- 06 WA-EOC Logistics Activity Log
- 07 WA-EOC News Release
- 08 SEOC Contacts**
- 09 WA-EOC After Action Review**
- 10 SEOC EOC Activations Dependant
- 12 WA-EOC Shelter Status_Dependant
- 14 WA-EOC Facility Notification Forms
- WSDOT Road Conditions and Closures**
- Menus**
- 00 City Menu »
- 01 County Menus - Washington »
- 02 County Menus - Oregon »
- 03 State Agency Menus - Washington »
- 04 Federal / Tribal Menus »

- The Situation Report (SitRep) board is the second item under “Boards WA-State”
- A new entry cannot be made until the process is initiated by the Planning Section



SitRep Input Tab Layout

- Tab 1 is the current working SitRep
- Tab 2 is only visible when data entry is required by the Section Chiefs
- Tab 3 is for Section Chief Review and Approval
 - Located at the bottom of the form
- Tab 6 is where final SitReps are Published for viewing

https://fortress.wa.gov/?tableid=2864&viewid=9674&uvid=1.114040 - 02 WA-EOC Situation Report Di - ...

Incident: *13-1762 I-5 Bridge Collapse

01 Working SitRep | 03 General Staff Coordination Review | 06 Published SitRep

***13-1762 I-5 Bridge Collapse**
NEW WA-EOC Automated Situation Report

Situation Report Number	Incident Name	Incident Number	View Situation Report
2 05/24/2013 // 1630 PDT	I-5 Skagit River Bridge Collapse	13-1762	Details
1 05/23/2013//2330	I-5 Bridge Collapse	13-1762	Details

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SitRep Input

https://fortress.wa.gov/?tableid=2864&viewid=9674&uvid=1.114040 - 02 WA-EOC Situation Report Di - Windows Internet Explorer

Incident: *13-1762 I-5 Bridge Collapse

01 Working SitRep 03 General Staff Coordination Review 06 Published SitRep

Washington State
Emergency Operations Center

New Record must be created by the Planning
Situation Unit or Planning Section Chief

Edit **Waiting on Planning Section**
Print to PDF **Print**

Click on "Edit" for data entry

Situation Report #2

1. Information cutoff Date/Time 05/24/2013 // 1630 PDT	2. Situation Report Initial <input type="checkbox"/> Update <input type="checkbox"/> Final <input checked="" type="checkbox"/>	3. Incident Number 13-1762	4. Incident Name I-5 Skagit River Bridge Collapse
5. Affected Jurisdictions Skagit County	6. Type Incident Transportation Accident	7. State EOC Activation Status: Phase 2	

8. General Situation
W/A State Emergency Operations Center (EOC) continues to operate at Phase II in support of the Interstate 5 (I-5) bridge collapse in Skagit County. All traffic has been diverted to alternate routes. Two of the three individuals rescued from the river were treated at local hospitals for non life-threatening injuries and released. The third individual remains hospitalized in stable condition. W/A State Patrol and National Transportation Safety Board are jointly investigating the incident. W/A Dept of Transportation is assessing damage and reviewing traffic routes for efficiency. W/A State EOC will remain at Phase II and continue to monitor the situation and provide support to local jurisdictions as needed. The Disaster Manager and key staff will remain on-call. The WA State Alert and Warning Center at 1-800-258-5990 will be the primary point of contact effective 1900 hours, 05/24/2013.

9. Current Priorities
Coordinate life safety actions
Support affected jurisdictions
Support transportation recovery and minimize economic impact
Coordinate public information and messages

10. Confirmed number of Incident / Event Related Injuries 3	11. Confirmed number of Incident / Event Related Deaths 0
--	--

12. Weather Forecast
SYNOPSIS...A SLOW MOVING COLD UPPER-LEVEL LOW WILL CONTINUE TO PRODUCE SHOWERS ACROSS THE REGION TODAY. THE UPPER LOW WILL NOODLE AROUND THE NORTHWEST INTO THE MEMORIAL DAY WEEKEND AS IT SLOWLY FILLS AND WEAKENS. A WEAK FRONTAL SYSTEM WILL APPROACH THE REGION ON MEMORIAL DAY BUT MAY SHIFT SOUTH INTO OREGON.

13. Command Staff, General Staff, and ESF Key Issues and Actions

14. Remarks
- This will be the final SitRep for incident 13-1762 unless local jurisdictions require further assistance
- Throughout Memorial Day weekend, WSDOT will provide updates concerning traffic routes, delays, and bridge collapse at the WSDOT website at <http://www.wsdot.wa.gov/Projects/I5/SkagitRiverBridgeReplacement/default.htm>

15. Prepared by
Mike Davenport

Print to PDF **Print**

Disable Refresh

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SitRep Input

- Type of information requested (LSC)
 1. Number of missions, with total open and total closed
 2. A summary of the types of resources being requested
 3. Cite any challenges in meeting resource requests
 4. Click “Save”

https://fortress.wa.gov/?tableid=2864&viewid=9674&uvid=1.114040 - 02 WA-EOC Situation Report Di - Windows Internet Explorer

Incident: '13-1762 I-5 Bridge Collapse

01 Working SitRep 03 General Staff Coordination Review 06 Published SitRep

Update Record 1608

Completed: ☐ 2

Submitted by: Ramos_Kristin (EMD) Date / Time Submitted:

Required ☒ No Input ☐ 2

Logistics situation entry

[Click here for complete SitRep Instructions for General Staff and Emergency Support Function Reporting](#)

<<<< << >> >>>> ☐ Disable Refresh

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QUESTIONS?

Next Training will be held on
September 17, 2013 – 0800-1600
All Day Skills Application – CPOD/DES Site Tour